PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE rEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INCREDITIONS. This form should be used for transmitting the ISSUE BEE and DIED ICATION BEE (if required). Placks I through 5 should be completed when

| appropriate. All further indicated unless correcte maintenance fee notifical | ed below or directed oth | of the Patent, advance of the Patent, advance of the Patent, advance of the Patent in Block 1, by (| a) specifying a new corres | pondence address; and | or (b) indicating a sepa | correspondence address as rate "FEE ADDRESS" for | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| CURRENT CORRESPOND | ENCE ADDRESS (Note: Use Bl | ock 1 for any change of address) | Fee(| s) Transmittal. This cer ers. Each additional par | tificate cannot be used for, such as an assignmen | r domestic mailings of the or any other accompanying nt or formal drawing, must | |
| 27365 7590 04/05/2007 SEAGATE TECHNOLOGY LLC C/O WESTMAN CHAMPLIN & KELLY, P.A. SUITE 1400 900 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55402-3319 | | | | Certificate of mailing or transmission. Certificate of Mailing or Transmission FILING I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Deirdre Megley Kvale (Depositor's name) | | | |
| | | | | | | | |
| | | | <u> </u> | July 5 | ,2007 | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | AT | FORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/607,807 06/27/2003 | | Ram M. Rao | | S01.12-0974/STL11261.00 6271 | | | |
| p. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | TRAILING EDGE CAVIT | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEI | | DATE DUE | |
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 07/05/2007 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS |] | | | |
| CASTRO, ANGEL A | | 2627 | 360-235700 | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1,363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON | | | or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be | f up to 3 registered patent attorneys ternatively, a single firm (having as a member a ey or agent) and the names of up to all attorneys or agents. If no name is will be printed. Westman, Champlin & Kelly, P.A. | | | |
| | | | | • | identified below, the do | ocument has been filed for | |
| | | letion of this form is NO | - | | | | |
| (A) NAME OF ASSIC | | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | |
| Seagate Technology LLC Scotts Valley, California | | | | | | | |
| Please check the appropri | ate assignee category or | categories (will not be pr | rinted on the patent): | Individual 🖾 Corpor | ation or other private gro | up entity Government | |
| 4a. The following fee(s) a | are submitted: | 41 | Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. | | | | |
| | o small entity discount p | ermitted) | Payment by credit card. Form PTO-2038 is attached. | | | | |
| | of Copies | | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-1123 (enclose an extra copy of this form). | | | | |
| 5. Change in Entity Stat | us (from status indicated | above) | overpayment, to Depos | sic Account Maniect _2 | <u>5-1125</u> (caciose ai | - CABA COPY OF THIS TOTAL). | |
| | SMALL ENTITY statu | | ☐ b. Applicant is no long | | | | |
| NOTE: The Issue Fee and interest as shown by the r | Publication Fee (if requeereds of the United State | nired) will not be accepte tes Patent and Trademark | d from anyone other than the Office. | ne applicant; a registere | d attorney or agent; or th | e assignee or other party in | |
| Authorized Signature Delude CKVale Date July 5, 2007 | | | | | | | |
| Typed or printed name | Deirdre Meg | ley Kvale | | Registration No. | 35,612 | | |
| This collection of information an application. Confident submitting the completed this form and/or suggestion. | ation is required by 37 C iality is governed by 35 application form to the ons for reducing this bur | FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the | on is required to obtain or re 1.14. This collection is estive depending upon the indivi- e Chief Information Office | etain a benefit by the pumated to take 12 minulidual case. Any commer, U.S. Patent and Trad | ablic which is to file (and tes to complete, including onts on the amount of time emark Office, U.S. Depa | by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. | |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.